Collaborative communication in nurse practitioner consultations: using O-P-E-N interaction styles

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## Disclosure presenter

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Original study

A case study of the nurse practitioner consultation in primary care: communication processes and social interactions

• Available at LSBU Research Open: https://doi.org/10.18744/PUB.000476
Background to the study

• In the UK over the past 30 years there has been an increasing emphasis upon nurses in advanced practice roles, such as nurse practitioners, to deliver both initial contact and continuing primary health care, in order to bridge the gap between workload demands and service provision.

• Implicit in this provision of initial contact and continuing primary health care by advanced nurses is an acceptance that these nurses will be engaged in patient consultations, similar to those performed by general practitioners, whereby a patient attends at a primary care clinic with a health or social care problem, which is then assessed and managed by the clinician.
Findings of nurse practitioner consultation outcomes research

- Research of nurse practitioner consultation outcomes tells us patients are generally more satisfied with nurse-led consultations than doctor consultations, though this is not a consistent finding.
- A mixed picture has appeared for patients’ future preferences for care, with some patients preferring to see nurses whilst others would prefer to see doctors.
- Importantly there are no significant differences in the health outcomes of patients attending nurse or general practitioner consultations.
Nurse practitioner consultation processes research

• In contrast to the nurse practitioner consultation outcomes research there are fewer available studies concerned with the associated interaction processes of nurse practitioner consultations.

• This paucity of nurse practitioner consultation processes research is in stark contrast to the wealth of available literature regarding the process of general practitioner consultations produced over the past 50 years.
Findings of nurse practitioner consultation processes research

• The fewer available studies of the interaction processes arising within nurse practitioner consultations have commonly noted that nurse practitioners tend to communicate in a hybrid patient-centred style, concurrently combining discussion of subjective everyday ‘lifeworld’ information with the collection and analysis of objective biomedical information, such as history taking, diagnosis discussion, and medicines management.
Linking patient satisfaction and nurse practitioner communication styles

- The findings of consultation processes research indicates that nurse practitioners are able to assess acute and chronic diseases while attending to the experience of illness.
- This finding relates to the observed abilities of nurse practitioners to differentiate between pathological presentations of diseases and the human experience of illness, whilst still being able to make diagnostic and treatment decisions.
- Could this hybrid communication ability explain the positive experiences of patients with nurse practitioner consultations?
Research objectives

1) To determine the discrete nature of the communication processes and social interactions occurring in the nurse practitioner consultation, and to explicate the reasons for the occurrence of those discrete processes and interactions.

2) To explore the nature and acceptability of the lifeworld in nurse practitioner consultations.

3) To explore the influence of patient/carer pre-consultation expectations, consultation time length durations, and consultation social interaction styles on patient satisfaction and patient enablement in nurse practitioner consultations.
Research design

• A case study comprising multiple methods of both qualitative and quantitative data collection and analysis.

• Case study strategy chosen to enable an understanding of the contemporary events, roles and relationships occurring in the nurse practitioner primary care consultation.
Data collection – *Observations*

- The first type of data collection comprised video recording the consultations of patients seeing nurse practitioners in a nurse-led general practice clinic.

*Sample size:* 30 consultations with 3 nurse practitioners (10 each per nurse practitioner).
Data Collection – Questionnaires

- The participants of both the video-recorded consultations, and a larger sample group of patients registered at the clinic, were asked to complete questionnaire measures of pre-consultation expectations and subsequent post-consultation satisfaction (NPSS) and enablement (PEI).
- Sample size: 68 questionnaires (26 from video recorded patients / 42 questionnaires from other patients).
Data collection – Interviews

- Post-consultation semi-structured individual interviews were undertaken with a sub-sample of the patients, and also the nurse practitioner participants of the video-recorded consultations.
- *Sample size*: 11 patient / carer interviews / 1 interview with each nurse practitioner (3).
Data analysis

- *Video recorded consultations*: Roter Interaction Analysis System (RIAS).
- *Semi-structured interviews*: Computer-assisted qualitative data analysis (NVivo 9).
- *Questionnaires*: Non-parametric statistical tests to explore the relationships between patient expectations, patient satisfaction, patient enablement, and consultation time lengths.
Findings - Observations

• A significant amount of the interactions were found to comprise patient-centred interactions. A significant proportion of the consultation interactions were also found to be congruent, with both parties interacting in the same style.
• No significant differences in verbal dominance amongst participants.
• Overall proportion of patient question-asking at 21% was much higher than has been identified in many previous analyses of patient question-asking rates in consultations.
Findings - Questionnaires

- A significant proportion of respondents expected NPs to utilize advanced clinical practice skills. However, the respondents were split approximately 50/50 as to whether or not they expected the NP to discuss their case with a doctor.
- Post-consultation satisfaction high mean scores of 78.4/85 for general satisfaction and 26.3/30 for communication satisfaction were found.
- In relation to post-consultation enablement a mean score of 6.07/12 was found to significantly higher than found in previous studies ($p = 0.003$ / PEI 4.6).
- There was a significant, small to moderate positive correlation between enablement and general satisfaction.
Findings – *time lengths*

• Average consultation length *10.97 minutes*.
• No significant correlations between consultation time lengths and interaction types, satisfaction, or enablement.
Findings – *themes from interviews*

- Patient / carer participation
- Integrated clinical reasoning
- NP interaction skills
- Explanation, enablement and information
- Open consultation style
- Remembering and knowing each other

- NP – GP comparisons
- Lifeworld content or lifeworld style
- NP role ambiguity
- Creating the impression of time
- Expectations for safety netting
Quotes from patient participants

“…she brings you [into the consultation] and asks what you think, and just talks to you as anybody else would talk to you. I feel really at ease with talking about anything and she seems really interested in what you have to say” {Patient 1.3} (Patient / carer participation).

“…I think [if] it was something deeper and you mightn’t wanted to say it, I think you’d feel more reassured. Also I think it’s very important with like their body language and how they talk to you … the whole body image is important, the way they look at you and talk to you, value you as a person, I think that’s very important” {Patient 3.6} (Nurse practitioner interaction styles).
Further quotes from participants

“They’re quite prepared to sit and talk to you. They talk to you about your family as well and how you’re doing … well even just say, ‘How are you? How’s the family?’…” {Patient 3.5} (Lifeworld content or style).

“I think, for general problems I think it [consulting with a nurse practitioner] is a very good idea. I think if I actually felt I had something more serious, I think I would rather see a doctor. But I think, for general things, I think it is absolutely fine…” {Patient 1.5} (Nurse Practitioner – GP comparisons).
Interpreting the findings in a practice context

- The overall approach used by nurse practitioners in their consultation communication processes and social interactions can be summarily characterised as a stylistic exemplar of ‘O-P-E-N’ consultation communication.

- Nurse practitioners direct their consultations with patients and carers in a style which is agreeably open (O) to: the person and their agenda and questions (P); corroborative everyday lifeworld expressions; expanded impressions of time; clear explanations augmented with integrated clinical reasoning (E); and participatory negotiations (N).
The therapeutic importance of styles of interaction

- Interpersonal healing and the production of therapeutic effects is contextually dependent on the healing processes arising from clinician-patient interactions in a consultation, rather than a specific treatment itself.

- Could O-P-E-N styles of interaction, as exemplified by nurse practitioner in their consultations, induce beneficial effects in many patients, which in turn positively improves their experience of illness with a consequent optimisation of their therapeutic response to nurse practitioner delivered care?
Collaborative decision making in nurse practitioner consultations

- The observed consultation communication processes seen in this study show nurse practitioners demonstrate features of a collaborative decision-making consultation style involving listening, explaining and answering a patient’s questions whilst concomitantly treating them as a whole person, coupled with clear and coherent articulations of clinically reasoned diagnoses and associated therapeutic benefits and risks.
- Furthermore this study has shown that collaborative decision-making consultations does not take longer than consultations where clinicians mainly make the decisions, as has been seen in this study’s consultation mean time length of 10.97 minutes.
Future research

• Repeat the survey of expectations, satisfaction and enablement used in this study, with a larger sample of respondents seeing nurse practitioners, so that the findings of this study in relation to high satisfaction and enablement scores can either be further supported or modified, alongside measuring consultation time lengths.

• Do nurse practitioners perhaps share certain personality traits which make them more likely to prefer using O-P-E-N, collaborative communication strategies in their consultations?

• A meta-synthesis of available qualitative research, and an integrative review summarising the body of literature on nurse practitioner communication, to further understand the interactive nature of communication in nurse practitioner consultations.
Further reading
